



Direct Debit Authorization

Debtor Entity

Name: Account No.: NIB:

Creditor Entity

Corporate Name: Service Provided: Reference: Creditor Entity NIB:

Orders

Authorization | ☐ Amendment | ☐ Cancellation | ☐

For the purpose of making payment by debit to the indicated account of the charges presented by the above-mentioned creditor entity.

Maximum Amount: Amount in Words: Charge Start Date: Authorization Expiration Date:

General Conditions

1. The client hereby declares responsibility for any and all debits to their account, as well as any amendments and cancellations made under the conditions set forth in this form.
2. The bank undertakes to collect the client's service invoice(s) and to notify the respective creditor entity of the payment through its own means.
3. In case of insufficient or unavailable funds in the client's account, payment will not be processed and this fact will be communicated to the creditor entity, which will make the invoice available at its counters for normal collection.
4. After payment, receipts will be provided by the service provider(s).
5. Transfer costs shall be borne by the service provider(s).
6. The transaction document (statement), provided to the client by the bank, shall serve as proof of payment.
7. Subscription to this service may be cancelled by either party with a minimum notice period of one month.

The Customer

Intercontinental Investment Bank S.A.

Signature: _____

Date:

According to Signature Form

Signature: _____

Date:

I have verified the data in this document by comparing it with the original documents